

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION
3300 W. Sahara Avenue, Suite 350
Las Vegas, Nevada 89102

REAL ESTATE ADVISORY REVIEW COMMITTEE
REVIEWER APPLICATION FORM
(Please Print or Type)

*****If additional space is needed for any of the areas on this application, please attach a separate sheet for those items. *****
PLEASE COMPLETE THIS FORM, DO NOT ATTACH A RESUME AND REFER TO IT ON EACH QUESTION.

Name: Marisa Kagan License # BS.0144409 Phone Nos.: Business (702) 384-0234 ext 104

Address: 7219 W. Sahara Ave. #120, Las Vegas, NV 89117 Facsimile (702) 877-9521

E-mail address: marisa@avenuesre.com Other (702) 483-8852

Profession: Real Estate Agent Years in profession: 6

List Professional certifications, Licenses and Designations held and dates: (Please attach a copy of each)

| Type of License/certification/designation: | Name under which it was held: | Dates held: |
|--|-------------------------------|-------------|
| 1. RISK REDUCTION GRADUATE | MARISA KAGAN | 2017 |
| 2. | | |
| 3. | | |
| 4. | | |

BUSINESS/BROKERAGE HISTORY:

Please list business/brokerage history for the past five (5) years; begin with current business/employer.

| Name of Business/Brokerage: | Title: | Dates of Employment: | Major Activities: |
|------------------------------------|--------------------|-----------------------------|--|
| Avenues Realty America | Broker-Salesperson | 5/2016- present | Residential, Commercial, Property Management |
| Simply Vegas | Broker-Salesperson | 5/2014-5/2016 | Residential |
| Gavish Real Estate | Salesperson | 7/2013 - 5/2014 | Residential |
| | | | |
| | | | |

EDUCATION/TRAINING BACKGROUND:

| Institution attended: | Dates attended: | Type of degree/certification obtained: |
|-------------------------------|------------------------|---|
| FORDHAM UNIVERSITY | 1988 | No degree/Individual courses |
| LOS ANGELES COMMUNITY COLLEGE | 2008-2009 | No degree/Individual courses |
| CSN | 2012-2013 | No Degree/Individual Courses |
| KEY REALTY | 2011-2013 | 90 hours/Real Estate Pre-licensing and 24 hours/Property management |

AREAS OF EXPERTISE:

List major areas of specialization or subject expertise related to the real estate industry: (i.e. real estate brokerage residential/commercial, property management, new home sales, escrow/title, mortgage lending, subdivision development or tax free exchanges).

Real estate brokerage residential, property management, new home sales

Please list any foreign languages or sign language, in which you have sufficient fluency:

Spanish, Italian and French

COMMITTEES/BOARDS EXPERIENCE:

Please list any Grievance/Professional Standards boards or committees and/or any mediation experience you have:

| Name of Board/Committee: | Your title on that Board/Committee: | Dates of Service on Board/Committee: |
|---------------------------------|--|---|
| 1. Forms Committee | Vice Chair | 2019 |
| 2. Forms Committee | Member | 2014-2015, 2017-2019 |
| 3. Education Committee | Member | 2014-2017 |
| 4. Global Committee | Member | 2017, 2018 |

Please explain, in the space below, why you feel you would be a good candidate for membership on this committee:

Having been on the education committee for 4 years, I was able to monitor hundreds of hours of classes. I am passionate about education and raising the professional standards of our industry through education. I am frank and candid and only wish to improve the level of education we receive in Nevada.

DISCIPLINARY ACTION:

Have you ever had any prior disciplinary action through any regulatory agency with which you are or were licensed?

Yes ☐ No ☒ If yes, please complete the following: If more space is necessary, please attach on a separate sheet.

| Name of Regulatory Agency: | Type of license held: | Date of Disciplinary action: | Type of Disciplinary action: |
|----------------------------|-----------------------|------------------------------|------------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

GEOGRAPHIC SERVICE AREA:

Please mark which geographical area of the state in which you will be able to participate on the committee:

- ☐ Carson/Douglas
- ☐ Central Nevada
- ☐ Fallon/Lyon
- ☒ Las Vegas Greater Area
- ☐ North Eastern Nevada
- ☐ Other:

REFERENCES:

Please list the name, address and telephone numbers of at least two (2) references who would know your capabilities and can attest to the information you have provided on this application: **(Please do not use any current Commissioners as references)**

| Name: | Address: | Telephone: | Fax: | Yrs Acquainted: |
|--------------------|---|----------------------|----------------|------------------------|
| 1. Deirdre Felgar | 7219 W. Sahara Ave. #120 Las Vegas, 89117 | 702-384-0234 ext 101 | / 702-877-9521 | 5 years |
| 2. Ronnie Schwartz | 8290 W Sahara Ave #100, Las Vegas, NV 89117, USA | 702-277-1790 | / | 5 years |

This application shall be presented to the Nevada Real Estate Commission for review and approval, or disapproval, at the next regularly scheduled meeting. You will receive notification of the Commission's decision from the Administration Section Manager by mail.

By submitting this application I understand that serving as a member of the Real Estate Advisory Review Committee as established by NAC 645.490, I agree to participate in an **audit review of real estate education courses**.

Further, I understand that I will serve without compensation, but as a member of the Real Estate Advisory Review Committee I am entitled to receive a per diem allowance and travel expenses (NAC 645.490(6)), as provided for state officers and employees generally for the period during which the member was engaged in the discharge of his/her official duties, at the rate established in the Nevada State Administrative Manual.

I certify that the information provided in this application and any other information I am submitting with this application is true and correct to the best of my knowledge and that I may be removed from the approved list of Real Estate Advisory Review Committee members for intentionally falsifying the information provided. I understand that all of the information provided is a public record. I agree to abide by the Policies and Procedures and the Rules of Conduct of this Committee.

If I am chosen to be a member of the Real Estate Advisory Review Committee, I agree to perform the duties to the best of my ability in an ethical and proper manner and in accordance with the policies and procedures and rules of conduct.

Signed on this the 15 day of July, 2019.

Mauwa Kagan
Signature of applicant

For Division Use Only:

Date application received: 7/17/19 Date scheduled for Commission review: Aug 20-22, 2019

Decision of Commission: APPROVED _____ DISAPPROVED _____

If disapproved, state reason for this decision:

Date letter sent to applicant with Commission decision: _____

BS.0144409.LLC
5/12/14 to current

PM. 0166758
6/30/16 to current

CS.0173204
7/12/13 to 5/12/14

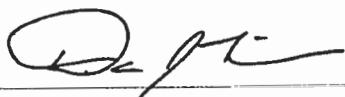
NO DISCIPLINARY
ACTION

CERTIFICATE OF ACHIEVEMENT

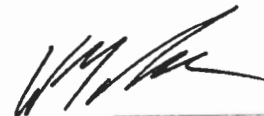
This certificate is presented to:

Marisa Kagan

RISK REDUCTION GRADUATE CERTIFICATION



DAVE J. TINA, 2017 GLVAR PRESIDENT



WENDY DIVECCHIO, 2017 GLVAR CEO

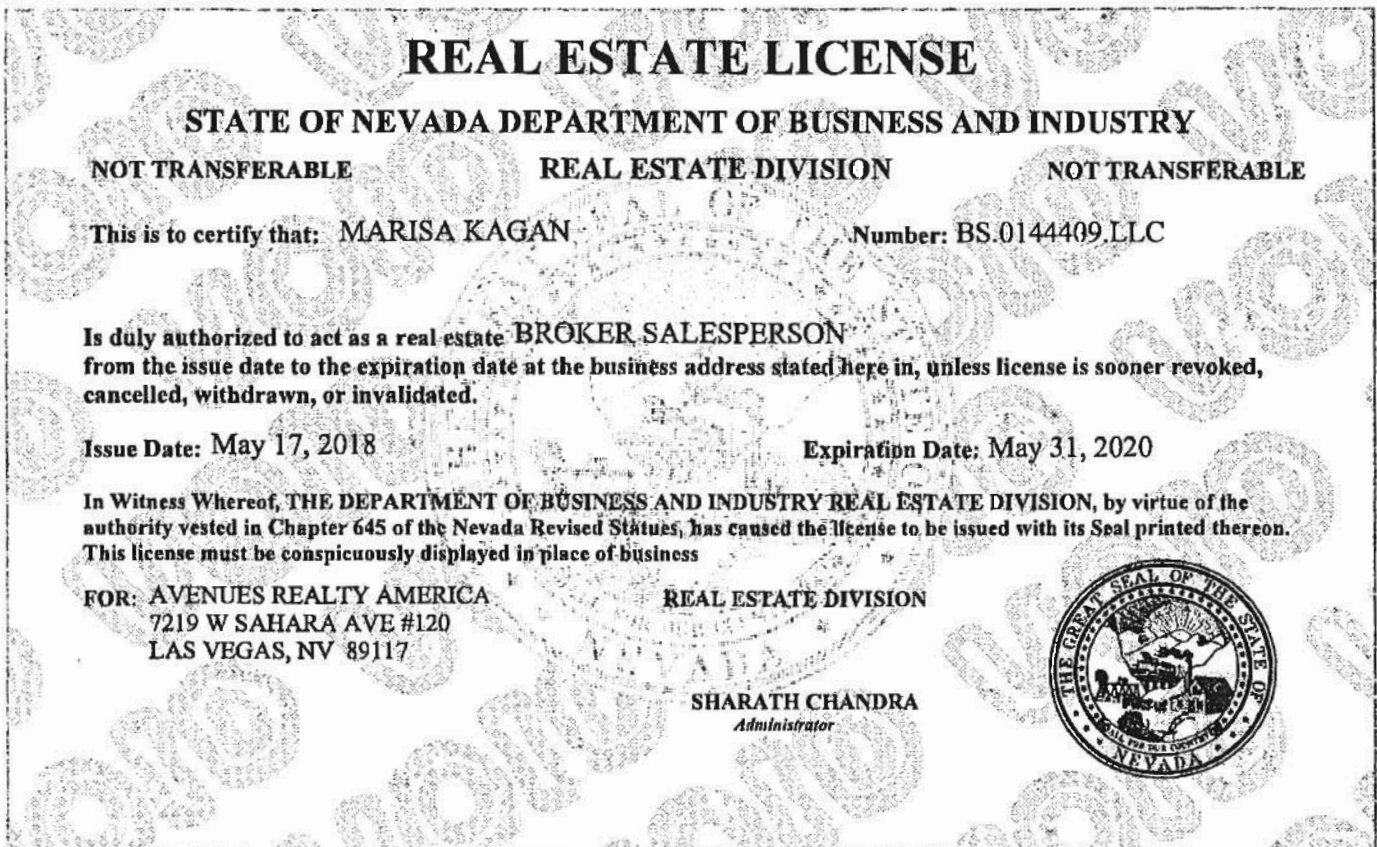
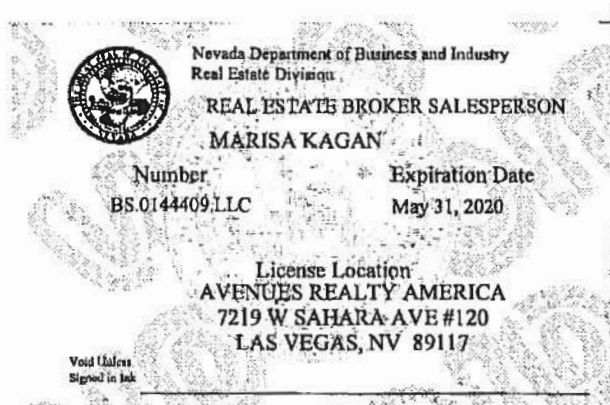
REAL ESTATE LICENSE

STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION

Change of employer This license and pocket card accompanied by a completed termination form must be returned to the division within ten days of the termination date. Submit a license or registration change form within 30 days from the termination date to avoid reinstatement.

Duplicate License The broker may submit a written request with an explanation to the division. A fee may be charged.

Renewal As a courtesy, the Real Estate Division will send a renewal notice to your employers address approximately 45 days prior to your renewal date. Renewal information is online at www.red.nv.gov.



PROPERTY MANAGER PERMIT
STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY
REAL ESTATE DIVISION

Change of employer This permit and pocket card accompanied by a completed termination form must be returned to the division within ten days of the termination date. Submit a license or registration change form

Duplicate License The broker may submit a written request with an explanation to the division. A fee may be charged.

Renewal As a courtesy, the Real Estate Division will send a renewal notice to your employers address approximately 45 days prior to your renewal date. Renewal information is online at red.nv.gov.



Nevada Department of Business and Industry
Real Estate Division

PROPERTY MANAGER PERMIT
MARISA KAGAN

Number
PM.0166758

Expiration Date
May 31, 2020

License Location
AVENUES REALTY AMERICA
7219 W SAHARA AVE #120
LAS VEGAS, NV 89117

Void Unless
Signed in Ink

PROPERTY MANAGER PERMIT

STATE OF NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY

NOT TRANSFERABLE

REAL ESTATE DIVISION

NOT TRANSFERABLE

This is to certify that: MARISA KAGAN

Number: PM.0166758

Is duly authorized to act as a real estate PROPERTY MANAGER
from the issue date to the expiration date at the business address stated here in, unless permit is sooner revoked,
cancelled, withdrawn, or invalidated.

Issue Date: May 17, 2018

Expiration Date: May 31, 2020

In Witness Whereof, THE DEPARTMENT OF BUSINESS AND INDUSTRY REAL ESTATE DIVISION, by virtue of the
authority vested in Chapter 645 of the Nevada Revised Statutes, has caused the permit to be issued with its Seal printed thereon.
This permit must be conspicuously displayed in place of business

FOR: AVENUES REALTY AMERICA
7219 W SAHARA AVE #120
LAS VEGAS, NV 89117

REAL ESTATE DIVISION

SHARATH CHANDRA
Administrator

